



Linda McCulloch, Superintendent
Office of Public Instruction
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Helena, MT 59620-2501
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PROFESSIONAL DEVELOPMENT COMPLETION REPORT

Approved Individual (Single Event)
Professional Activities for Renewal Units

Upon completion of the approved professional development activity, please provide the information requested below and **return this form to:** ATTN: Educator Licensure, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501—(406) 444-3150. Please do not send copies of certificates or lists of participants. The information you report will be used to report to the Montana Board of Public Education.

Title of in-service/professional development activity offered:

Academic area of activity offered:

(The above choice can be selected from the attached form. Please indicate either the number or the field name.)

Beginning date of program:

Number of renewal units granted to successful participants:

(If the number varies, indicate range (low to high) shown on certificates.)

Number of certificates issued:

Agency name:

Contact name:

(The person approved to award renewal units for the sponsoring provider.)

Address:

Telephone:

Signature of applicant:

Date:

In-state

Out-of-state

Thank you for your assistance in providing renewal units for Montana educator's use in recertifying their licenses!